

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED NOV 15 1943

Registration District No. 198

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5719

State File No.

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Mason
(b) City or town Bevier Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 1

3. (a) PRINT FULL NAME MARY A PUSSA

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 9 - 20 - 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 90 Days 90 If less than one day hr. min.

9. Birthplace PHILADELPHIA PENN.
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

12. Name W.H. THOMASON
13. Birthplace ENGLAND 4
(City, town, or county) (State or foreign country)
14. Maiden name don't know
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant PAUL PUSSA
(b) Address BEVIER MO. RFD. No. 2

17. (a) Burial (b) Date thereof 10 - 12 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation last occurred

18. (a) Signature of funeral director H. Edwards

(b) Address Bevier, Mo

19. (a) 10-20-43 (b) Winnie J Rowland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mason
(c) City or town Bevier 061
(If outside city or town limits, write "RURAL")
(d) Street No. RFD # 2 Bevier
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1943 hour 2 minutes 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 10, 1943 to Oct. 10, 1943
that I last saw her alive on Oct. 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy Duration 1 day

Due to Atherosclerosis

Due to

Other condition (Include pregnancy within 3 months of death) 83a

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury 2

23. Signature Dr. E. L. ... Address Bevier, Mo Date signed Oct. 14, 43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1259

RECEIVED

District Health Officer No. 10

District File Number 11-43-1821

Date Filed NOV 12 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

H. J. Edwards

Licensed Embalmer No. 1961

P. O. Address Brewer, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. *Nov*
Registrar's No. *85*

Registration District No. *198* Primary Registration District No. *5719*

1. PLACE OF DEATH:

(a) County *Macou*
(b) City or town *Bevier - Rural*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

Mary A. Pussa

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex *F*

5. Color or
race *W*

6. (a) Single, widowed, married,
divorced *W*

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive years

7. Birth date of deceased

Sept 2
(Month) (Day) (Year)

(Month) (Day) (Year)

8. AGE:

Years *86*

Months

Days

Less than one day

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Nov*
year *1943* hour *10* minute *00* M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

35177